**Proposal for Funding**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Main Contact(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position (in relation to school, i.e. teacher, family member...)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or District Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How many students or teachers will be served by this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the total amount requested from the Issaquah Schools Foundation? $\_\_\_\_\_\_\_\_

**Which Issaquah Schools Foundation area(s) of focus is addressed by your project? (Select all that apply):**

* Building Academic Foundations
* Exploring Limitless Opportunities
* Launching Successfully into the Future

**Does this proposal address STEM (Science, Technology, Engineering or Math)?**

* Yes
* No

**Project Details**

1. **What do you want to do?** Describe the project or activity (why the project is needed, who is targeted, what are the goals). (A minimum of 1-4 sentences or bullet points)
2. **Why did you choose this approach and is this an innovative approach to an existing problem?** (A minimum of 1-2 sentences or bullet points)
3. **How will you know it ‘worked’?** What impact will the grant have on students and/or teachers? Please provide complete, understandable and measurable outcomes (i.e. the number of participants, results from pre/post tests, satisfaction surveys, and/or quotes and stories from participants) (A minimum of 1-2 sentences or bullet points)
4. **A key** **funding philosophy of the Foundation is to support the needs of the whole child- defined as students' comprehensive academic, social/emotional and health needs.** A whole child approach: 1) ensures that each student is healthy, safe, engaged, supported, and challenged, and 2) sets the standard for comprehensive, sustainable school improvement and provides for long-term student success. **How does your program/activity support the needs of the whole child?** (A minimum of 1-2 sentences or bullet points)
5. **How will people know that the Foundation supported this project?** (i.e. Issaquah Schools Foundation logo on project flyers, in emails/e-news, on websites, or with stickers on equipment purchased) (A minimum of 1-2 sentences or bullet points)
6. **Is there anything else that you would like for us to know about your project?**

**FUNDING INFORMATION**

What is the total budget for project- including sales tax and costs beyond the scope of this grant: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested from the Issaquah Schools Foundation: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this project/activity been previously funded by the Issaquah Schools Foundation? Yes ☐ No ☐ Unsure ☐

We favor proposals that show a variety of funding sources, such as PTSA, school building funds, services groups, etc. Have you requested funding from other agencies/organizations at this time?

Yes ☐ No ☐

If yes, please list:

|  |  |  |
| --- | --- | --- |
| **Funding Source**  | **Amount Requested**  | **Outcome of request** |
| A. |  |  |
| B. |  |  |
| C. |  |  |

If the Issaquah Schools Foundation cannot fully fund your request, how will this affect the project/activity?

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal or Program Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following information may be submitted using the form below or you may create your own document.*

**BUDGET INFORMATION**

Please itemize the planned expenditures of the entire project including sales tax and costs beyond the scope of this grant. Indicate which aspects of the project is specific to your request from the Issaquah Schools Foundation.

|  |  |  |  |
| --- | --- | --- | --- |
| Item Description  | Quantity  | Unit Cost  | Subtotal |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |

Overall Total $ \_\_\_\_\_\_\_\_\_\_\_\_

Further Explanation if necessary: